

Application Data Sheet

APPLICATION INFORMATION

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| Application Number:: | Unassigned |
| Filing Date:: | April 2, 2004 |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| CD-ROM or CD-R?:: | None |
| Number of CD Disks: | No |
| Sequence Submission?:: | |
| Computer Readable Form (CRF)?:: | No |
| Title:: | TARGETED BONE MARROW PROTECTION AGENTS |
| Attorney Docket Number:: | 224297 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | Yes |
| Total Drawing Sheets:: | 26 |
| Small Entity?:: | Yes |
| Petition Included?:: | No |
| Secrecy Order in Parent Appl.?:: | No |

APPLICANT INFORMATION

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|-------------------------------|---------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Joseph |
| Middle Name:: | R. |
| Family Name:: | Garlich |
| City of Residence:: | Westfield |
| State or Prov. of Residence:: | Indiana |
| Country of Residence:: | US |

Street of mailing address:: 328 West Columbine Lane
City of mailing address:: Westfield
State or Province of mailing address:: Indiana
Country of mailing address:: US
Postal or Zip Code of mailing address:: 46268

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Donald
Middle Name:: L.
Family Name:: Durden
City of Residence:: Decatur
State or Prov. of Residence:: Georgia
Country of Residence:: US
Street of mailing address:: 1310 Ladson Court
City of mailing address:: Decatur
State or Province of mailing address:: Georgia
Country of mailing address:: US
Postal or Zip Code of mailing address:: 30033

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Tim
Middle Name:: C.
Family Name:: Smith
City of Residence:: Indianapolis
State or Prov. of Residence:: Indiana
Country of Residence:: US
Street of mailing address:: 9540 C Guildford
City of mailing address:: Indianapolis
State or Province of mailing address:: Indiana

Country of mailing address:: US
Postal or Zip Code of mailing address:: 46240

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460
Phone:: (312) 616-5600
Fax:: (312) 616-5700
E-mail Address:: mail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

DOMESTIC PRIORITY INFORMATION

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|------------------|--------------------|----------------------|----------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application | Non Provisional of | 60/460,289 | 04/03/03 |

FOREIGN APPLICATION INFORMATION

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|-----------|----------------------|---------------|------------------|
| Country:: | Application Number:: | Filing Date:: | Priority Claimed |
|-----------|----------------------|---------------|------------------|

ASSIGNEE INFORMATION

Assignee name:: Semafore Pharmaceuticals Inc.
Street of mailing address:: 8496 Georgetown Road
City of mailing address:: Indianapolis
State or Province of mailing address:: Indiana
Country of mailing address:: US
Postal or Zip Code of mailing address:: 46268